

Kini Cosma-Nehus

P.O. Box 7643

Klamath Falls, OR 97602

FILED

JAN 28 2008

RICHARD W. WIEKING
 CLERK, U.S. DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA
 OAKLAND

UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

10		Plaintiff,)
11		CASE NO. _____	
12	vs.	PRISONER'S APPLICATION TO PROCEED <u>IN FORMA PAUPERIS</u>	
13		SBA	
14		(PR)	
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			

I, Kini Cosma-Nehus, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes No ✓

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 _____
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No

10 self employment

11 b. Income from stocks, bonds, Yes ___ No

12 or royalties?

13 c. Rent payments? Yes ___ No

14 d. Pensions, annuities, or Yes ___ No

15 life insurance payments?

16 e. Federal or State welfare payments, Yes No ___

17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 Social Security \$ 694.00
 22 Food Stamps \$ 98.00

23 3. Are you married? Yes ___ No

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 DMV Calif Dept of Motor Vehicles
4

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No _____

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 Attached
10

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15 1/18/08
16

17 DATE



18 SIGNATURE OF APPLICANT

19
20
21
22
23
24
25
26
27
28

1

2

3

4

5

6

7

8

Case Number: _____

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account

statement showing transactions of _____ for the last six months

[prisoner name]

where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]